

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)SERIAL NO.
08-500844

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3			1			
4			1			
5			1			
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50						
TOTAL IND.		6				
TOTAL DEP.		23				
TOTAL CLAIMS		29				

* IND.	* DEP.	* IND.		* DEP.	
		IND.	DEP.	IND.	DEP.
51					
52					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

BEST AVAILABLE COPY